# Patient Record

Property of AMEN Clinics

amen
Adventist Medical Evangelism Network

FIRST LAST
ADDRESS
CITY STATE ZIP
EMAIL ☐ M ☐ F
PHONE DOB

## Clearance

DATE

| TRIAGE MUST CHECK THE FOLLOWING: | BP | BS | PULSE | RESP |
|---|---|---|---|---|

CURRENT MEDICATIONS

**VACCINATIONS**

☐ Tetanus ☐ Measles ☐ Polio
☐ Diphth ☐ Rubella ☐ Mumps
☐ Other_____

**DRUG ALLERGIES**

☐ None ☐ Emycin ☐ Cephalosporin
☐ PCN ☐ Flagyl ☐ Fluoroquinolones
☐ Sulfa ☐ TCN/DCN ☐ Spectinomycin
☐ Other_____

WORN EYEGLASSES BEFORE? ☐ Yes ☐ No

LAST EYE EXAM (YEARS):

**MEDICAL HISTORY SELF/FAMILY**

Diabetes ☐/☐ Glaucoma ☐/☐
HTN ☐/☐ Cataracts ☐/☐
Cholesterol ☐/☐
Other_____

**CHIEF COMPLAINT**

☐ Difficulty seeing FAR
☐ Difficulty seeing NEAR
☐ Headaches
☐ Other_____

**ETHNICITY**

☐ African-American ☐ Hispanic
☐ American Indian ☐ Pacific Islander
☐ Asian ☐ White
☐ Other_____

## Vision

DATE

| | WITHOUT RX | WITH RX | PIN HOLE | AUTO REFRACTION |
|---|---|---|---|---|
| OD | 20/ | 20/ | 20/ | OD |
| OS | 20/ | 20/ | 20/ | OS |

**TONOMETER**

OD
OS
TIME OF DAY ☐ AM ☐ PM

**CURRENT GLASSES**

OD
OS

**TRIAGE**

☐ Refraction ☐ Diabetic/GLC
☐ Readers ☐ Pass

**REFRACTION**

| | | | |
|---|---|---|---|
| OD | | OD ADD | VA'S: 20/ |
| OS | | OS ADD | VA'S: 20/ |

### ANTERIOR SEGMENT EVALUATION

Wholly unremarkable except as noted:

OD
OS

### POSTERIOR SEGMENT EVALUATION

Wholly unremarkable except as noted:

OD
OS

**PROCEDURES PERFORMED**

☐ Goldmann ☐ SLE
☐ OPTOS ☐ Retinal Photography
☐ Other _____

**REFERRAL**

☐ AMD ☐ Glucoma
☐ Cataracts ☐ Diabetic Retinopathy
☐ Other _____

VISION PROVIDER'S SIGNATURE

PRINT NAME

**OPTICAL**

| PD | FRAME DESCRIPTION | | BIFOCAL HEIGHT | LAB ACCOUNT |
|---|---|---|---|---|
| | TYPE | COLOR | | ☐ EVH ☐ VSP ☐ BVBH |
| | ☐ Metal ☐ Plastic | | | |

## Medical

DATE

**SERIVCES PROVIDED**

☐ Medical Exam
☐ Glucose Check
☐ Diabetic Education
☐ Health Education
☐ Other (Please list in notes)

MEDICAL NOTES (Please write legibly)

MEDICAL PROVIDER'S SIGNATURE

PRINT NAME